

Louisiana Medicaid Management Information System (LMMIS)

Electronic Prior Authorization (e-PA) Web Application User Manual

Date Created: 03/11/2007
Date Revised: 04/30/2012

Prepared By
Technical Communications Group

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

Proprietary Data Notice

The information contained in this document is proprietary to Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals. The information in this document shall not be reproduced, shown or disclosed outside Molina Medicaid Solutions or Louisiana DHH/BHSF without written permission. Information contained in this document is highly sensitive and of a competitive nature.

NO WARRANTIES OF ANY NATURE ARE EXTENDED BY THIS DOCUMENT. Any product and related material disclosed herein are only furnished pursuant and subject to the terms and conditions of a duly executed license or agreement to purchase services or equipment. The only warranties made by Molina Medicaid Solutions, if any, with respect to the products, programs or services described in this document are set forth in such license or agreement. Molina Medicaid Solutions cannot accept any financial or other responsibility that may be the result of your use of the information in this document, including but not limited to direct, indirect, special or consequential damages.

Exercise caution to ensure the use of this information and/or software material complies with the laws, rules, and regulations of the jurisdictions with the respect to which it is used. The information contained herein is subject to change without notice upon DHH approval. Revisions may be issued to advise of such changes and/or additions.

Molina Medicaid Solutions is a registered trademark of Molina Healthcare, Inc.

**Copyright © 2012 Molina Medicaid Solutions
All rights reserved**

PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) – Electronic Prior Authorization (e-PA) Web Application User Manual		
Author	Technical Communications Group, Molina Medicaid Solutions LMMIS QA		
	Revision History		
Date	Description of Change	LIFT	By
6/1/05	Added bolded note to Section 1.0, page 1, that reconsiderations cannot be done through the e-PA application.		S. Clark
7/25/06	Updated manual and added Recon info	3372	C. Stickney
8/11/06	Inserted new screens on pages 5, 9, 11, 14, and 19		C. Stickney
9/26/06	Made corrections to pages 1, 10, 17, and 18	3372	C. Stickney
11/17/06	Corrected spelling error page 9 & TOC		C. Stickney
3/10/09	Edited for new Type 097 Air Ambulance	5661	P. Griffin
6/19/09	Reformatted document in accordance with new user manual standards. Replaced screenshot in 3.0; modified text in 3.2; added 3.3; added “(not assigned)” detail in 3.4; replaced screenshot in 4.0; replaced one screenshot and added another in 5.0; replaced screenshot in 6.0; replaced screenshot in 7.0.	5286	R. Sheehan
7/12/10	New logos; Unisys → Molina	7106	R. Sheehan
7/22/10	Company update to the copyright information in the screenshots	7017	R. Sheehan
11/04/10	NDC information and updated screen shots	2263	D. Dufrene
01/19/12	Updated screenshots and edited for new provider type access of 16 – Pediatric Day Health Care.	8248	J. Lavigne
04/30/12	Updated for new provider type access of 88 – Hospice	8416	J. Lavigne

TABLE OF CONTENTS

1.0	OVERVIEW	1
2.0	ACCESSING THE APPLICATION	3
3.0	USING THE APPLICATION.....	5
3.1	Recipient & PA Type Entry	6
3.2	PA Request Entry	7
3.3	Confirmation Screen	9
3.4	PA Request Review.....	10
3.5	PA Request Reconsideration.....	11
4.0	A REQUEST SEARCH	13
5.0	PA RECONSIDERATION TRANSACTION HISTORY.....	16
5.1	Maximum Reconsiderations.....	20
6.0	CONFIGURING THE E-PA APPLICATION	22
7.0	VIEWING THE ON-LINE HELP PAGE	24

1.0 OVERVIEW

The Electronic Prior Authorization (e-PA) Web Application provides a secure, web based tool for providers to submit a prior authorization (PA) request and to view the status of previously submitted requests. This tool is intended to eliminate the need for hard-copy paper PA requests as well as provide a more efficient and timely method of receiving PA request results. Each day, the Molina Prior Authorization department will review and determine the approval/denial status of PA requests. The resulting decisions will be updated on a nightly basis back to the e-PA web application. This enables the provider to see the decision for a PA request the following business day after the status was determined.

The requirement to submit standard supporting documentation to the Molina Prior Authorization department remains unchanged. This user manual describes how both tasks are accomplished using the e-PA web application.

The e-PA application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application. Attachment A includes specific instructions for obtaining an online provider account.

Providers who do not have access to a computer and/or fax machine will not be able to utilize the web application. However, prior authorization requests will continue to be accepted and processed using the current hard-copy PA submission methods.

Access to the application is limited to the following provider types:

- 01 - Inpatient**
- 05 - Rehabilitation**
- 06 - Home Health**
- 07 - Air Ambulance**
- 09 - DME**
- 10 - Adult Dental [to be implemented at a later date]**
- 11 - EPSDT Dental [to be implemented at a later date]**
- 12 - EPSPW Dental [to be implemented at a later date]**
- 14 - EPSDT PCS**
- 16 - Pediatric Day Health Care**
- 88 - Hospice**
- 99 - Other**

The steps below provide a basic high-level overview of what is required to submit a PA request using the e-PA application. Detailed step-by-step instructions are listed in Section 3.0 of this document.

1. Enter the secured provider area of the LAMedicaid.com website
2. Select the Electronic Prior Authorization application link
3. Select PA Request
4. Enter the recipient's 13-digit Medicaid ID number and date of birth
5. Select the type of PA request
6. Select the Submit button
7. Complete the PA Request Entry page & select the Submit button
8. Print the PA Request Entry (response) page
9. Using the PA Request Entry (response) page printout, fax the request and the supporting documentation to the number indicated on the response page. Molina e-PA Fax Number: 225.927.6536
10. Once the documentation has been faxed to Molina, it will be cross-referenced back to the original electronic request so that the PA staff can view the supporting documentation on-line while reviewing the PA request.

-----Important Note -----

If the supporting documentation is not faxed to Molina or the PA Request Entry (response) page is not used as a cover sheet or is un-readable, then the request will remain in a Pending Review status and will not be processed by the Molina PA department. To identify whether or not the supporting documentation was received and processed without error, the provider can view the PA Entry Request (response) page (presented in Section 3.0 of this document) and review the Encounter # field at the bottom of the page. If this number is Zero (0), then the attachments have not been received or were not appropriately matched to the original request. Reprint the PA Entry Request (response) page and re-fax it and the supporting documentation again. If the faxed documentation is received and processed correctly, the encounter number field will reflect this change one business day after the documents were faxed.

2.0 ACCESSING THE APPLICATION

This section of the User Manual provides information on how to access the e-PA application including how to establish an online account with Louisiana Medicaid, complete with a valid login and password, and how to complete the login ID and password process.

Prior to initial use of the e-PA web application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) ensures that the latest updates to the e-PA application are displayed to the user.

The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com or www.lmmis.com. The **Provider Web Account Registration Instructions** link located on the left side of the Louisiana Medicaid main menu contains the instructions for setting up an online account.

Providers who are experiencing difficulty in establishing an account may contact the Molina **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lasupport@unisys.com.

To access the main menu and the e-PA application, open your web browser and enter the URL for the Louisiana Medicaid main menu www.lamedicaid.com or www.lmmis.com. Click on the **Provider Login** button and then log-on to the Provider applications Area using your Louisiana Medicaid Provider ID and your registered login and password.

The Provider Applications Area screen is displayed. Select the **Electronic Prior Authorization** hyperlink.

Louisiana Medicaid

Change Password Change Account Info Provider Logout Help

Provider Applications Area

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

- [LAMEDICAID.COM Fact Sheet](#)

Restricted Provider Applications

- [Administrative Tools](#)
- [Medicaid Eligibility Verification System](#)
- [NPI](#)
- [Claim Status Inquiry](#)
- [PCP Roster of Enrollees](#)
- [Electronic Clinical Data Inquiry](#)
- [Electronic Prior Authorization](#)
- [Electronic Referral Authorization](#)
- [Electronic Referral Authorization \(Pilot\)](#)
- [PA Requests for Case Managers](#)
- [Uncompensated Care Costs](#)

e-PA Application

For Technical Support, call toll-free 1-877-598-8753.

[Provider Logout](#)

[Click Here to Enter a Recovery Request](#)

[New Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions & HIPAA Information Center](#)

[HIPAA Billing Instructions & Companion Guides](#)

[EDI Information](#)

[Training](#)

[About Medicaid](#)

[Provider Ownership](#)

[Enrollment](#)

[Provider Web Account](#)

[Registration Instructions](#)

[Provider Support](#)

[Provider Manuals](#)

[Billing Information](#)

[Medical Equipment & Supplies](#)

[Fee Schedules](#)

[Provider Update / Remittance Advice Index](#)

[Pharmacy / Prescribing](#)

Document : Provider Applications Area
Date Modified : 1/24/03

3.0 USING THE APPLICATION

The Louisiana Medicaid Prior Authorization Request Home Page is displayed. Select the **PA Request** link located in the upper left side of the main application page.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Home Page

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Request](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms™ for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Air Ambulance
- Pediatric Day Health Care Facilities

For ePA Requests with HCPCs that require NDCs (2010-12-22)

Units are specific to NDC, not HCPC. One unit may be equal to 100 calories, one packet, one can, one brick, or one bottle.

New Confirmation Process (2009-06-19)

The Electronic Prior Authorization (ePA) application has been enhanced with a new confirmation process to facilitate editing requests before submitting for review. Once a user submits a request, a confirmation message will be displayed that will allow the following actions:

- Submit (Complete) the request. This will finalize the request and send it for review.
- Go back and modify the request. This will allow users to correct any information on the request before submitting the request.
- Cancel the request. This will finalize the request and no further action will be taken.

The following policies have been enacted:

- Users can modify a request as many times as they need to, but will only have 30 days to submit or cancel a request. After 30 days, the request will expire
- Once submitted, users will have 3 days to send attachments. If attachments have not been received within 3 days, the request will be cancelled and a new request will be required.
- If attachments are received after 3 days, the request will be cancelled by Molina and a new request will be required.
- A Prior Authorization number will not be assigned until attachments have been received. The attachments must be received within 3 days of the submission of the request.

Additional statuses have been added to facilitate the confirmation process.

- 208 - Submission Process Not Complete. Expires <30 days from initial request date>.
- 209 - Cancelled by User. A New Request is Required.
- 210 - Submitted. Attachments Not Received. Expires <3 days from submission date>.
- 211 - Cancelled by Molina. Attachments Not Received Within 72 Hours. A New Request is Required.
- 212 - Attachments Received.
- 213 - Cancelled by Molina. Attachments Received After 72 hours. A New Request is Required.
- 214 - Request Has Expired. A New Request is Required.

If you have an Emergency PA Request, please follow your normal procedures.

For Reconsiderations

Reconsiderations can **NOW** be submitted electronically for the following scenarios.

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

*** You will still be required to fax supporting documentation.**

Please note that the presence of a Prior Authorization Number does not indicate approval of the request.

Effective July 16, 2010, the PA-02 Form is no longer required.

The PA Request link, located in the PA Options menu on the left, offers you a path to the application. You can also search for and view the status of e-PA Transactions you have submitted using e-PA Request System.

Additional capabilities are being added, so check back frequently for new enhancements.

Fax Number: (225) 927-6536

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

3.1 Recipient & PA Type Entry

The **Recipient & PA Type Entry** page will be displayed.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Recipient & PA Type Entry

Print Friendly

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Recipient's Medicaid ID Number or CCN

Recipient's Date of Birth (MM/DD/YYYY)

PA Type

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

On the Recipient & PA Type Entry page, enter the Recipient's Medicaid ID number or CCN and the Recipient's Date of Birth in the appropriate boxes. In the PA Type drop-down list, select the type of PA request, then select the **Submit** button. The PA Request Entry page will be displayed. If you wish to discontinue the request, click the Cancel button and you will be returned to the e-PA home page.

NOTE: The ePA Request Screen also determines if a procedure code entered requires a NDC code. If a NDC code is required, the application prompts the user to enter the NDC before the submission can be finalized. The NDC is edited to determine if the code is valid based on the current list of formulary NDCs with a type of service of '09'.

If the NDC is valid, then the submission can be finalized, if not, an error message is displayed to let the user know that NDC code entered is not valid. Once validated, the name of the NDC will be displayed on the detail line beside the NDC code. For example, see below.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization PA Request Entry

PA Options: [PA Request](#), [PA Reconsideration](#), [View PA Requests](#), [Help](#), [My Profile](#), [e-PA Home](#), [Logout](#), [Home](#), [Return to Search Results](#)

Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

PA Number (Not assigned) PA Type (09) DME Request Date 11/4/2010 12:36:36 PM

☐ Continuation of Services

REQUESTER DATA

NPI [] Phone No. []

Contact Person [] Fax No. []

SUBSCRIBER DATA

Medicaid ID [] SSN []

Last Name [] First Name, MI. []

Sex [] DOB []

DIAGNOSIS

Primary Code [] Description []

Secondary Code [] Description []

SERVICE DATES From [] Thru [] (MM/DD/YYYY)

PRESCRIBING PROVIDER DATA

Physician Name [] Physician NPI or Medicaid ID []

Prescription Date [] (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	[]	[] [] [] []	[]	[]	[]	[]
2	[]	[] [] [] []	[]	[]	[]	[]

After you click on the **Submit** button, a confirmation screen similar to the one shown below is displayed.

NOTE: For Hospice PA Type (88), the Service Level Data section of the PA Request Entry screen is omitted.

3.3 Confirmation Screen

The screenshot shows the 'Prior Authorization PA Request Entry' confirmation screen. The header includes the Louisiana Medicaid logo and a 'Print Friendly' link. A left sidebar contains navigation links: PA Options, PA Request, PA Reconsideration, View PA Requests, Help, My Profile, e-PA Home, Logout, and Home. The main content area has a red banner with the text 'PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS'. Below this, it states 'The following PA Request has been entered. Please choose one of the options to continue.' and provides three blue, underlined links: 'Submit the request. All of the information is correct.', 'Go Back and modify the request.', and 'Cancel this request and return to the home page.'. Below the links, the PA Number is '(Not assigned)', PA Type is '(06) Home Health Services', and Request Date is '6/1/2009 8:56:25 AM'. The PA Status is '208 - Submission Process Not Complete, Expires 07/01/2009'. There is a checkbox for 'Continuation of Services'. Below this are sections for 'REQUESTER DATA' (NPI, Phone No., Contact Person, Fax No.) and 'SUBSCRIBER DATA' (Medicaid ID, SSN, Last Name, First Name, MI).

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization PA Request Entry

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS

The following PA Request has been entered. Please choose one of the options to continue.

- [Submit the request. All of the information is correct.](#)
- [Go Back and modify the request.](#)
- [Cancel this request and return to the home page.](#)

PA Number (Not assigned) **PA Type** (06) Home Health Services **Request Date** 6/1/2009 8:56:25 AM

PA Status 208 - Submission Process Not Complete, Expires 07/01/2009

☐ Continuation of Services

REQUESTER DATA

NPI Phone No.

Contact Person Fax No.

SUBSCRIBER DATA

Medicaid ID SSN

Last Name First Name, MI. ☐

Warning
Unauthorized use of

Choose one of the three links in blue, underlined type:

- **Submit the request. All of the information is correct.** Click this link to submit the request and proceed.
- **Go Back and modify the request.** Click this link if you notice that the information on the request requires a modification.
- **Cancel this request and return to the home page.** Click this link to cancel the request and start over.

3.4 PA Request Review

The PA Request Review page will be displayed with a header at the top that includes a bar code. This bar code will allow Molina to match the faxed supporting documentation back to the original electronic PA request.

Once a PA Request has been approved, then the PA Number on this review screen will show "(Not assigned)" until it has been worked by the PA Unit.

Print the page using the **Print Friendly** link at the top.

Using the printed version of the PA Request Review page as a cover sheet, fax the request and the supporting documentation to the fax number indicated in the response header.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization PA Request Review

[Click here to print](#)

IMPORTANT INFORMATION
Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.
THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.
Molina Prior Authorization Fax Number: (225) 927-6536

PA Number: [] ePA Trans ID: [] PA Type: [] PA Status: [] Request Date: []
Molina Prior Authorization Fax Number: (225) 927-6536

REQUESTER DATA
NPI: [] Phone No.: []
Contact Person: [] Fax No.: []

SUBSCRIBER DATA
Medicaid ID: [] SSN: []
Last Name: [] First Name, MI: []
Sex: [] DOB: []

DIAGNOSIS
Primary: [] Code: [] Description: []
Secondary: [] Code: [] Description: []

SERVICE DATES
From: [] Thru: []

PRESCRIBING PROVIDER DATA
Physician Name: [] Physician NPI or Medicaid ID: []
Prescription Date: [] (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	[]	[]	[]	[]	[]	[]
2	[]	[]	[]	[]	[]	[]
3	[]	[]	[]	[]	[]	[]
4	[]	[]	[]	[]	[]	[]
5	[]	[]	[]	[]	[]	[]
6	[]	[]	[]	[]	[]	[]
7	[]	[]	[]	[]	[]	[]
8	[]	[]	[]	[]	[]	[]
9	[]	[]	[]	[]	[]	[]
10	[]	[]	[]	[]	[]	[]
11	[]	[]	[]	[]	[]	[]
12	[]	[]	[]	[]	[]	[]

Place of Treatment: []

PROVIDER CONTACT INFORMATION
Name: []
Address: []
City: [] State: [] Zip: []
Telephone: [] Fax: []

Additional Comments
(None)

[Submit Another Request](#)

ePA Trans. ID: [] Submitted: [] Enc. No.: []

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040
Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

3.5 PA Request Reconsideration

Use the **PA Reconsideration** link on the PA Options Menu to access the PA Request Reconsideration Initial Entry screen.

The Request Reconsideration Initial Entry screen is displayed. Enter a valid PA Number and click on the **Submit** button.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Request Reconsideration Initial Entry

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)
- [Return to Search Results](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

NOTE: Prior Authorization Reconsiderations can be requested for the following reasons:

- Denied requests that have incomplete or missing documentation
- Requests that require a change in the procedure codes, units, and/or dollar amounts
- Requests that require a change in the begin or end dates of service

Enter PA Number

Enter Valid PA#

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

Once the provider has entered a PA Number into the PA Reconsideration Initial Entry screen or has selected to submit a reconsideration from the PA Request Review screen, the PA Reconsideration Entry screen will be displayed. All the original information, including deny codes and comments, will be displayed on this screen. Providers can update the information and submit the reconsideration.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization
Request Reconsideration Initial Entry

Print Friendly

PA Options
[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)
[Return to Search Results](#)

Warning
Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

PA Number [REDACTED] PA Type (09) DME Request Date 11/4/2010 12:36:36 PM
☐ Continuation of Services

REQUESTER DATA
NPI [REDACTED] Phone No. [REDACTED]
Contact Person [REDACTED] Fax No. [REDACTED]

SUBSCRIBER DATA
Medicaid ID [REDACTED] SSN [REDACTED]
Last Name [REDACTED] First Name, MI. [REDACTED]
Sex [REDACTED] DOB [REDACTED]

DIAGNOSIS
Primary Code [REDACTED] Description [REDACTED]
Secondary Code [REDACTED] Description [REDACTED]

SERVICE DATES From [REDACTED] Thru [REDACTED] (MM/DD/YYYY)

PRESCRIBING PROVIDER DATA
Physician Name [REDACTED] Physician NPI or Medicaid ID [REDACTED]
Prescription Date [REDACTED] (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Place of Treatment [REDACTED]

PROVIDER CONTACT INFORMATION
Name [REDACTED]
Address [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED]
Telephone [REDACTED] Fax [REDACTED]

Additional Comments
[REDACTED]

Submit Cancel Print This Page

ePA Trans. ID Submitted 11/4/2010 12:36:36 PM Enc. No.

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040
Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

4.0 A REQUEST SEARCH

The search screen allows a provider to search for a Prior Authorization Request. Once a provider locates a PA, they can review the PA information using the PA Request Review screen. From the review screen they can also submit a reconsideration.

Select the **View PA Requests** link on the left side of the Home Page.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Home Page

PA Options
[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)

Warning
Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms™ for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Air Ambulance
- Pediatric Day Health Care Facilities

For ePA Requests with HCPCs that require NDCs (2010-12-22)
Units are specific to NDC, not HCPC. One unit may be equal to 100 calories, one packet, one can, one briq, or one bottle.

New Confirmation Process (2009-06-19)
The Electronic Prior Authorization (ePA) application has been enhanced with a new confirmation process to facilitate editing requests before submitting for review. Once a user submits a request, a confirmation message will be displayed that will allow the following actions:

The PA Request Transactions page will be displayed.

From the PA Request Transactions page, you can search for a PA request by PA Number, Recipient ID, CCN, or e-PA Transaction Number.

Enter the appropriate information in any of these four fields and then select the **Search** button. (Located directly below the CCN input field.)

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization PA Request Transactions

PA Options
[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)

Warning
Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Please enter at least one of the following:
 PA # Recipient ID ePA Transaction #
 Or CCN

Quick Search ☒ Within Past 7 days ☐ Past 7 - 14 days ☐ Past 30 days


Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040
 Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved


A Quick Search is also available that will search for PA requests entered in the current week, the previous week, or the current month. Select the appropriate time period you wish to search for and select the **Quick Search** button.

Once a search has been submitted the page will be re-displayed listing all of the PA requests that were found matching the search criteria.

Use this list to check the status of the PA request. When a request has been submitted, the default in the Status column will be **208 – Submission Process Not Complete**. An expiration date is also provided. Once the request has been approved, this column will show Approve. If the request is denied, then the column will show Denied and the Reject Code column will indicate the PA reject reason code.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the  indicates the number of attachments received for this PA Request.

PA #	Recip ID# / CCN	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction # 
(Not Assigned)		6/11/2009 10:59:13 AM	(05) Rehabilitation Therapy	208 - Submission Process Not Complete. Expires 07/11/2009		39089 0
(Not Assigned)		6/11/2009 2:11:40 PM	(05) Rehabilitation Therapy	210 - Submitted. Attachments Not Received. Expires 06/14/2009.		39090 0
Records 1- 2 of 2			1	Page 1 of 1		

Click on the PA # or the e-PA Transaction # to see details of the request on the PA Request Review screen.

The following is a list of the status codes and their definitions:

- 002 - Approved
- 003 - Denied
- 004 - Requires Review
- 208 - Submission Process Not Complete. Expires <30 days from create date>.
- 209 - Cancelled by User. A New Request is Required.
- 210 - Submitted. Attachments Not Received. Expires <3 days from create date>.
- 211 - Cancelled by Molina. Attachments Not Received Within 72 Hours. A New Request is Required.
- 212 - Attachments Received.
- 213 - Cancelled by Molina. Attachments Received After 72 hours. A New Request is Required.
- 214 - Request Has Expired. A New Request is Required.

To return to your search, select the **Return to Search Results** link on the left side of the page.

Louisiana Medicaid
Department of Health and Hospitals


Prior Authorization PA Request Review

PA Options

[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)
[Return to Search Results](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals



IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.

THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. Please contact the sender and securely discard all pages of this fax.

PA Prior Authorization Fax Numbers
(225) 927-6536

[Print this Page](#)

PA Number
ePA Trans ID

PA Type
PA Status

Request Date

☐ Continuation of Services

REQUESTER DATA
NPI Phone No.
Contact Person Fax No.

SUBSCRIBER DATA
Medicaid ID SSN
Last Name First Name, MI.
Sex DOB

DIAGNOSIS
Primary Code Description
Secondary

SERVICE DATES
From Thru

PRESCRIBING PROVIDER DATA
Physician Name Physician NPI or Medicaid ID
Prescription Date (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Treatment

PROVIDER CONTACT INFORMATION
Name
Address
City State Zip
Telephone Fax

Additional Comments
(None)

Reconsideration History

PA Reconsideration ID	Audit Date	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Another Request

ePA Trans. ID Submitted Enc. No.

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040
Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved

5.0 PA RECONSIDERATION TRANSACTION HISTORY

When a PA Reconsideration has been entered, additional information and functionality is available on the View PA Requests screen and PA Entry screen. To modify and review Reconsideration information, complete the following steps:

Search for an approved or denied PA Request using the **View PA Requests** link in the PA Options menu.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Home Page

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms** for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Air Ambulance
- Pediatric Day Health Care Facilities

For ePA Requests with HCPCs that require NDCs (2010-12-22)

Units are specific to NDC, not HCPC. One unit may be equal to 100 calories, one packet, one can, one briq, or one bottle.

New Confirmation Process (2009-06-19)

The Electronic Prior Authorization (ePA) application has been enhanced with a new confirmation process to facilitate editing requests before submitting for review. Once a user submits a request, a confirmation message will be displayed that will allow the following actions:

Once the results appear, locate an approved or denied PA Request and click on the PA Number to review the request.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the indicates the number of attachments received for this PA Request.

PA #	Recip ID # / CCN	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
[REDACTED]	[REDACTED]	7/17/2006 3:03:25 PM	EPSDT Dental	Denied		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:07:50 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:11:01 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 3:34:47 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/17/2006 4:06:40 PM	EPSDT Dental	Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		[REDACTED]	1
[REDACTED]	[REDACTED]	7/20/2006 9:41:28 AM	(09) DME	Denied		[REDACTED]	1


Records 1 - 7 of 7

Page 1 of 1

The PA Request Review screen will appear.

Print Friendly

Prior Authorization Request PA Request Review



IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.

THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.

Unisys Prior Authorization Fax Numbers
(225) 927-6536

Print this Page

PA Number 620155001 **PA Type (09)** CME **Request Date** 7/20/2006 9:41:28 AM

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID: Phone No.:

Contact Person: Fax No.:

SUBSCRIBER DATA

Medicaid ID: SSN:

Last Name: First Name, MI:

Sex: DOB:

DIAGNOSIS

	Code	Description
Primary	001	CHOLERA
Secondary	<input type="text"/>	<input type="text"/>

SERVICE DATES From: 10/24/2005 Thru: 10/24/2005

PRESCRIBING PROVIDER DATA

Physician Name: Physician Number:

Prescription Date: (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Place of Treatment: Recipient's Home

PROVIDER CONTACT INFORMATION


Name:

Address:

City: State: Zip:

Telephone: Fax:

Additional Comments
this is a new com



ePA Trans. ID: Submitted 7/20/2006 9:41:28 AM Enc. No. 40382

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

Click on the **Submit Reconsideration** button.

A new PA Request Entry screen will appear. Edit the information and submit the Reconsideration Request by clicking the **Save Reconsideration** button at the bottom of the screen.

ePA Trans. ID 24000 Submitted 7/20/2006 9:41:28 AM Enc. No. 48382

Save Reconsideration Cancel Print This Page

After you click the **Save Reconsideration** button, a screen similar to the one shown below is displayed.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization PA Reconsideration Entry

PA Options
[PA Request](#)
[PA Reconsideration](#)
[View PA Requests](#)
[Help](#)
[My Profile](#)
[e-PA Home](#)
[Logout](#)
[Home](#)
[Return to Search Results](#)

Warning
Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS
The following PA Request has been entered. Please choose one of the options to continue.

[Submit the request. All of the information is correct.](#)
[Go Back and modify the request.](#)
[Cancel this request and return to the home page.](#)

PA Number 916755000 **PA Type (05)** Rehabilitation Therapy **Request Date** 6/16/2009 10:55:45 AM
PA Status 208 - Submission Process Not Complete. Expires 07/16/2009
☐ Continuation of Services

REQUESTER DATA
 NPI Phone No.
 Contact Person Fax No.

SUBSCRIBER DATA
 Medicaid ID SSN
 Last Name First Name, MI.
 Sex DOB

DIAGNOSIS
 Primary Code Description
 Secondary

SERVICE DATES From Thru

PRESCRIBING PROVIDER DATA
 Physician Name Physician NPI or Medicaid ID
 Prescription Date (MM/DD/YYYY)

Choose one of the three links in blue, underlined type:

- **Submit the request. All of the information is correct.** Click this link to submit the request and proceed.
- **Go Back and modify the request.** Click this link if you notice that the information on the request requires a modification.
- **Cancel this request and return to the home page.** Click this link to cancel the request and start over.

Once saved, a Reconsideration History block will be available on the PA Request Review screen. Click the **PA Reconsideration ID Number** link to view the previously entered information.


Reconsideration History		
PA Reconsideration ID	Audit Date	Comments
50685	7/20/2006 9:46:58 AM	this is a new comment...

ePA Trans. ID 24000 Submitted 7/20/2006 9:41:28 AM Enc. No. 48382

PA Options
PA Request
Dental PA Request
PA Reconsideration
View PA Requests
Help
My Profile
e-PA Home
Logout
Home
Return to Search Results

Click on the **Return to Search Results** link on the PA Options menu.


Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the  indicates the number of attachments received for this PA Request.

The status of the PA Request is now


Recon Requires Review

Notifying the provider that their reconsideration has been entered and is awaiting review.

PA #	Recip ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
619885000		7/17/2006 3:03:25 PM	EPSDT Dental	Denied		23994	1
619885001		7/17/2006 3:07:50 PM	EPSDT Dental	Requires Review		23995	1
619885002		7/17/2006 3:11:01 PM	EPSDT Dental	Requires Review		23996	1
619885003		7/17/2006 3:34:47 PM	EPSDT Dental	Requires Review		23997	1
619885004		7/17/2006 4:06:40 PM	EPSDT Dental	Requires Review		23998	1
620155000		7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		23999	1
620155001		7/20/2006 9:41:28 AM	(09) DME	Recon Requires Review		24000	1

1

Records 1 - 7 of 7


Page  1 of 1

5.1 Maximum Reconsiderations

A provider may not submit more than three reconsiderations for each prior authorization request. A message will be displayed at the bottom of the screen when the provider reviews a PA Request that has reached the maximum number of reconsiderations allowed.

To view the message, click the **View PA Requests** link from the PA Options menu and do a search for requests.

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the  indicates the number of attachments received for this PA Request.

PA #	Rec'd ID#	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #
[REDACTED]	[REDACTED]	7/20/2006 9:15:32 AM	(09) DME	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/20/2006 9:41:28 AM	(09) DME	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 11:55:23 AM	(05) Rehabilitation Therapy	Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 1:07:53 PM	(05) Rehabilitation Therapy	Denied		1
[REDACTED]	[REDACTED]	7/24/2006 1:18:54 PM	(05) Rehabilitation Therapy	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 2:09:22 PM	(05) Rehabilitation Therapy	Recon Requires Review		1
[REDACTED]	[REDACTED]	7/24/2006 3:42:45 PM	(05) Rehabilitation Therapy	Recon Denied		1

Records 1 - 7 of 7


Page 1 of 1

Select a PA to view.

A **PA Request Review** screen will appear.

Print Friendly

Prior Authorization Request PA Request Review



IMPORTANT INFORMATION

Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below:

THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.

Unassisted Prior Authorization Fax Numbers
(225) 927-6536

Print this Page

PA Number: 620555604 **PA Type:** (05) Rehabilitation Therapy **Request Date:** 7/24/2006 3:42:45 PM

☐ Continuation of Services

REQUESTER DATA

Medicaid Provider ID: [REDACTED] Phone No.: [REDACTED]
Contact Person: [REDACTED] Fax No.: [REDACTED]

SUBSCRIBER DATA

Medicaid ID: [REDACTED] SSN: [REDACTED]
Last Name: [REDACTED] First Name, MI: [REDACTED]
Sex: Male DOB: [REDACTED]

DIAGNOSIS

	Code	Description
Primary	091	CHOLERA
Secondary		

SERVICE DATES From: 10/24/2005 Thru: 10/25/2005

PRESCRIBING PROVIDER DATA

Physician Name: [REDACTED] Physician Number: [REDACTED]
Prescription Date: [REDACTED] (MM/DD/YYYY)

SERVICE LEVEL DATA

Line #	Procedure Code	Modifiers	NDC	Description	Requested Units	Requested Amount
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Place of Treatment: [REDACTED]

PROVIDER CONTACT INFORMATION

Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Telephone: [REDACTED] Fax: [REDACTED]

Additional Comments
Need more units for some reason another 2.

Reconsideration History

PA Reconsideration ID	Audit Date	Comments
0000	7/24/2006 4:03:44 PM	This is a status..
0000	7/24/2006 4:26:03 PM	Need more units for some reason.
0000	7/24/2006 4:27:41 PM	Need more units for some reason another

Maximum Amount of Reconsiderations (3) has been reached.

Submit Another Request Print This Page

ePA Trans. ID 24005 Submitted 7/24/2006 3:42:45 PM Enc. No. 40387

Technical Support (877) 598-0753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

The message will be displayed at the bottom of the screen:

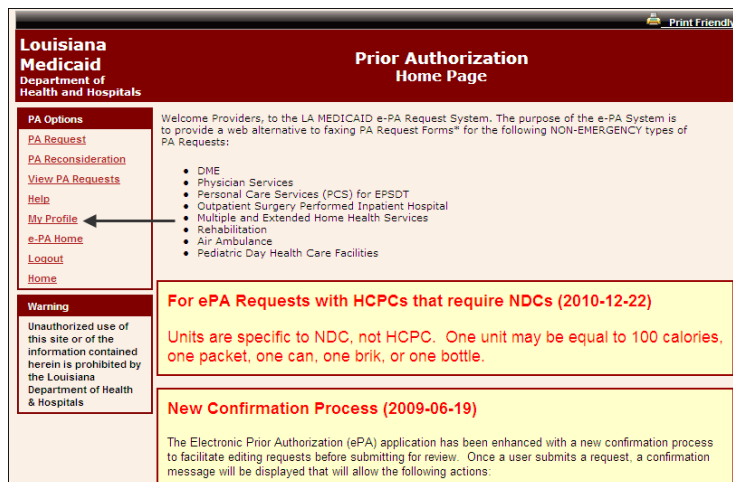
“Maximum amount of Reconsiderations (3) has been reached”

6.0 CONFIGURING THE E-PA APPLICATION

The e-PA web based application allows for the customization of the PA Type pull down menu that appears on the PA Recipient & Type Entry screen described in Section 3.1 of this document.

To customize the PA Type select list, do the following:

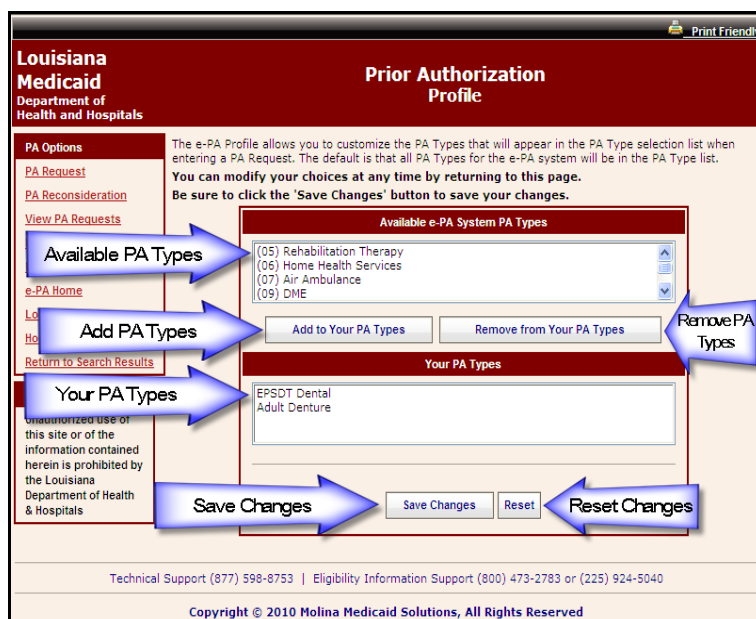
Click the **My Profile** link on the left side of the main page.



The Profile page will open.

The scrolling list box in lower portion of the page labeled Your PA Types shows which PA types will be displayed in the select list.

To add a PA Type to the pull down menu, click once on the PA type you wish to add from the list in the upper portion of the page labeled Available e-PA System PA Types, and then select the **Add To Your PA Types** button. The page will be refreshed to show your changes.



To remove PA Types from the select list, within the Your PA Types box, click once on the PA Type you wish to remove, and then select the **Remove from Your PA Types** button. The page will be refreshed to show your changes.

Repeat until you have completed adding or removing PA Types. Select the **Save Changes** button at the bottom of the page. This will save all your changes.

If after you have made changes, but have not yet selected the Save Changes button, you may cancel the changes you made by selecting the **Reset** button.

The changes made to the PA Types indicated on the My Profile page will be reflected in the Recipient & PA Type Entry page that appears immediately after clicking the **PA Request** link on the PA Options menu.

The screenshot shows the 'Louisiana Medicaid Department of Health and Hospitals' website. The main heading is 'Prior Authorization Recipient & PA Type Entry'. On the left, there is a 'PA Options' menu with links: 'PA Request', 'PA Recons', 'View PA R', 'Help', 'My Profile', 'e-PA Home', 'Logout', 'Home', and 'Return to Search Results'. The main form area contains a 'Recipient's Medicaid ID Number or CCN' field, a date field '(MM/DD/YYYY)', and a 'PA Type' drop-down menu currently showing '(05) Rehabilitation Therapy'. A blue arrow points to this drop-down menu with the text 'PA Type Customized Drop-down List'. Below the form are 'Submit' and 'Cancel' buttons. At the bottom, there is a 'Warning' box stating 'Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals'. Footer text includes 'Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040' and 'Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved'.

7.0 VIEWING THE ON-LINE HELP PAGE

In addition to this document, the e-PA application also provides a brief online help page offering basic instructions and tips on using the application.

To view this help page, select the [Help](#) link on the left side of the main page.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Home Page

[Print Friendly](#)

PA Options

- [PA Request](#)
- [PA Reconsideration](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)
- [Home](#)

Warning

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Air Ambulance
- Pediatric Day Health Care Facilities

For ePA Requests with HCPCs that require NDCs (2010-12-22)

Units are specific to NDC, not HCPC. One unit may be equal to 100 calories, one packet, one can, one briki, or one bottle.

New Confirmation Process (2009-06-19)

The Electronic Prior Authorization (ePA) application has been enhanced with a new confirmation process to facilitate editing requests before submitting for review. Once a user submits a request, a confirmation message will be displayed that will allow the following actions:

The **Help** page provides general information on how to use the application as well as some basic reminders.

Louisiana Medicaid
Department of Health and Hospitals

Prior Authorization Help

Using e-PA Web System

[Print Friendly](#)

PA Options

[PA Request](#)

[PA Reconsideration](#)

[View PA Requests](#)

[Help](#)

[My Profile](#)

[e-PA Home](#)

[Logout](#)

[Home](#)

[Return to Search Results](#)

[e-PA User Manual.zip](#)

Submitting a PA Request

Submitting a Prior Authorization Request through the e-PA web application involves the following steps:

- Log on to LAMEDICAID.com with your username and password.
- Select "Electronic Prior Authorization" from the secured menu options.
- Select "PA Request" from the PA Options menu, located on the left side of the page.
- Enter the following information:
 - Recipient Medicaid ID or the Recipient's CCN (Card Control Number).
 - Recipient's Date of Birth. Please use slashes when entering the date, for example: "1/1/2000".
 - Select the type of PA Request that you wish to enter
- The next page will be the PA Request entry page. This is where you will enter the detailed information for the request, just as you would if you were filling out a paper form.
- When you have completed entering information on the PA Request entry form, click the Submit button.
- The information you have entered will be edited to ensure that it is complete and accurate. If there are any problems with the information, you will see a list of errors that need to be corrected before the PA Request is accepted.
- If the PA Request is accepted, you will be presented with a page that contains a bar code. A bar code is simply a set vertical stripes or bars used to encode information. A bar code is frequently referred to as a UPC symbol.
- The next step is to Print the page with the bar code. This is very important as this printed page, with the bar code, will be used as the cover page when you fax in the supporting documentation for this PA Request.
- You must fax in supporting documentation using the printed page with the bar code. There are two (2) reasons for this:
 - Supporting documentation is required in order to properly review the PA Request.
 - The bar code will link the supporting documentation to PA Request that you have submitted through the e-PA system.
- Please fax the supporting documentation using the bar coded cover page to one (1) of the two (2) fax numbers listed on the page.
- Once the supporting documentation has been received, the PA Request will be reviewed. You will be notified whether the PA Request has been accepted, denied, or if further review or other information is required.

View Previously Submitted Prior Authorization Requests

You can view PA Requests that had been previously submitted through the e-PA web system by clicking on the View PA Requests menu option. Please note that PA Requests that were not submitted through the e-PA web system will not be available through the e-PA web system.

Using the View PA Requests page, you may enter one or more of the following:

- PA Number
- Recipient Medicaid ID or CCN
- e-PA Transaction Number

Or bring up a list of PA Requests submitted using the e-PA web system in the current week, previous week, or current month.

A list of PA Requests matching the criteria entered will be displayed. To view the detailed information for a particular request, simply click on the PA Number.

To return to the View PA Requests page, click on the "Return to Search Results" option that is now available on the left-side menu, beneath the PA Options box.

Profile

The e-PA Profile allows you to customize the PA Types that will appear in the PA Type selection list when entering a PA Request. The default is that all PA Types for the e-PA system will be in the PA Type list.

Use the following buttons to customize your PA Type list.

- To Add a PA Type to your PA Type list, select the PA Type from the Available list, then click the 'Add to Your PA Types' button.
- To remove a PA Type from your list, select the PA Type, and then click the 'Remove from Your PA Types' button.

The Reset button will restore Your PA Types to the most recently **Saved** changes.

After saving your changes, each time you visit the e-PA system, only those PA Types that you have chosen will appear in the PA Type list. **You can modify your choices at any time by returning to the Profile page.**

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

Copyright © 2010 Molina Medicaid Solutions, All Rights Reserved